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The Houston

Newsletter of the
Immunization Bureau,
Houston Department of
Health and Human Services

VAXScene

"Enthusiasm is infectious"

HDHHS redefines immunization strategies to reach children



E. Johnson, a licensed vocational nurse at the Riverside Health Center, vaccinates 1-year-old Yariah Domino while in the lap of her mother Pheresa Jones. Children who obtain preventive health services from one of the seven Houston Department of Health and Human Services health centers now need appointments to receive immunizations. Only parents of children age 3 and younger still have the option of making appointments or continuing immunizations on a walk-in basis.

In a letter to community partners, Stephen L. Williams, M.Ed., MPA, director of the Houston Department of Health and Human Services (HDHHS), announced that HDHHS is in the process of a redefinition of strategies in place to reach children age 3 and younger.

According to the most recent National Immunization Survey conducted by the Centers for Disease Control and Prevention (CDC), Houston's immunization coverage levels continue to remain low at 69.4 percent.

Williams also encourages all physicians to mobilize the community to receive age-appropriate immunizations and seek early access to limit the demand for back-to-school clinics. Physicians can refer children who have no other source of medical care to HDHHS' health centers. HDHHS will not conduct August back-to-school clinics at local malls this year.

The director also provided a listing of Vaccines for Children

(VFC) providers in the Houston area, making it the first step in linking children to a medical home for comprehensive medical care. Children who have an established medical home should continue receiving services from their health care providers.

VFC-eligible children (birth through 18 years of age) must meet one of the following criteria for referral:

- Enrolled in Medicaid
- Enrolled in CHIP
- Do not have health insurance
- American Indian or Alaskan Native
- Underinsured children whose insurance does not pay for vaccinations

To view a complete copy of the director's letter, visit HDHHS' website at www.houstonhealth.org under the immunizations heading. For additional information, contact the HDHHS Immunization bureau at 713-794-9267.

Clinician Notes



HDHHS Opens Adult Vaccination Clinic

The Houston Department of Health and Human Services (HDHHS) recently opened an adult immunization clinic at the Third Ward Multi-Service Center, 3611 Ennis.

Adults, 19 years of age and older, can receive tetanus and diphtheria, hepatitis A, hepatitis B, polio, varicella, measles, mumps and rubella (MMR), meningococcal and pneumococcal vaccines at the clinic. International travel vaccines for typhoid, yellow fever and tuberculosis skin tests are also available.

Adults from any area of Houston are eligible to receive vaccinations at the clinic, open Mondays from 8:30 a.m. to 5:30 p.m. and Tuesdays through Fridays from 7:30 a.m. to 4:30 p.m. No appointments are necessary. Costs for the vaccines range from \$37 to \$81. A tuberculosis test is \$20.

Adults require the combined tetanus and diphtheria immunization every 10 years throughout their lives. Adults born after 1956 need the combined vaccine against measles, mumps and rubella. Adults aged 65 or older, as well as people aged 19 to 64 with diabetes or chronic heart, lung, liver or kidney disorders, need protection against pneumococcal disease.

Hepatitis B vaccine is recommended for adults in certain high-risk groups, such as health care workers, household and sex contacts of people with chronic hepatitis B virus infection, people with multiple sex partners, those with a recently acquired sexually-transmitted disease, men who have sex with men and injecting drug users.

Hepatitis A vaccine is recommended for adults in certain high-risk groups including travelers to countries where hepatitis A is common, people with chronic liver disease, people who have clotting-factor disorders such as hemophilia, men who have sex with men and users of injection and non-injection illegal drugs. For more information about the clinic, call 713-527-4040.

ACIP Recommends Meningococcal Vaccine for Adolescents, College Freshmen



The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recently recommended that children age 11 and 12, teens entering high school and college freshman living in dormitories receive a newly licensed meningococcal vaccine.

Bacteria cause meningococcal disease by infecting the bloodstream, lining of the brain and spinal cord, often causing serious illness. Every year in the United States, 1,400 to 2,800 people get meningococcal disease. Ten percent to 14 percent of people with meningococcal disease die and 11 percent to 19 percent of survivors have permanent disabilities such as mental retardation, hearing loss and loss of limbs.

The disease often begins with symptoms that can be mistaken for common illnesses such as the flu. However, meningococcal disease is particularly dangerous because it progresses rapidly and can kill within hours.

"Meningococcus is a serious disease that kills about 300 people each year in the U.S. We are encouraged that the ACIP recommendation will help to prevent this potentially deadly disease

among adolescents," said Dr. Stephen Cochi, acting director of the National Immunization Program at CDC.

The ACIP has an existing recommendation for a routine doctor's visit for 11- and 12-year-olds, at which they may receive a tetanus- diphtheria booster shot. With the new recommendation, children age 11 and 12 will also receive the meningococcal vaccine at this routine visit. In order to foster the most rapid reduction of meningococcal disease following this recommendation, the committee also recommended that for the next two to three years teens entering high school also be vaccinated. College freshman who live in dormitories are at higher risk of meningococcal disease than other college students and should also receive the vaccination. Physicians can also provide the meningococcal vaccine to college students who do not live in dormitories and adolescents who want to reduce their risk for meningococcal disease.

The vaccine is highly effective. However, it does not protect people against meningococcal disease caused by "type B" bacteria. This type of bacteria causes one-third of meningococcal cases. More than half of the cases among infants under 12 months of age are caused by "type B," for which no vaccine is licensed or available in the United States. The U.S. Food and Drug Administration (FDA) licensed the new meningococcal vaccine in January for use in people 11 to 55 years of age. It is manufactured by Sanofi Pasteur and is marketed as Menactra™.

Helpful ideas for hesitant parents

Although the number of parents who choose not to have their children vaccinated is small, the issues and concerns they present to physicians and other health professionals can be time consuming and may result in frustration and sometimes anger. A few doctors have even made the decision to exclude unvaccinated children from their practices. Vaccinated or not, children deserve the best medical care that our medical system can provide.

Thomas Saari, MD, a Wisconsin pediatrician, writes in *Needle Tips*’ “Letters to the Editor” this month: “I made a decision early in my practice that parents who refuse to immunize their children are misinformed or misguided and need my support and the support of my office staff to work through their fears. My goal in working with such parents is to provide them with the information they need over time to help them understand what is best for their child, their family, and the community as a whole.”

Is today a good day for a routine vaccination?

Is the child sick today?

Does the child have allergies to medications, food, or any vaccine?

Has the child had a serious reaction to a vaccine in the past?

Has the child had a seizure or a brain problem?

Does the child, or any person who lives with or takes care of the child, have AIDS or any other immune system problem, leukemia, or cancer?

Has the child taken cortisone, prednisone, or other steroids in the past three months?

Has the child received a transfusion of blood or plasma, or been given immune (gamma) globulin in the past year?

Is the child pregnant or is there a chance she could become pregnant in the next three months?

Source: Immunization Action Coalition

Magna Dias, MD, and Edgar Marcuse, MD, MPH, wrote the following in an article titled “When Parents Resist Immunizations”, published in *Contemporary Pediatrics* in July 2000: “If a parent is concerned about a specific vaccine, try to ascertain exactly what is bothering him or her, clearly state your recommendation and rationale, voice your respect for the parent’s view, and develop a mutually acceptable plan. If possible, administer those vaccines that protect against the disease for which the child is most at risk based on the child’s age, immunization history, and the prevalence of the disease in your community. Be sure to repeat your recommendation on subsequent visits: Parents may change their minds.”

When all else fails, remind the parent that their unvaccinated child may be removed from school or childcare during an outbreak of a disease. Remind them, too, that vaccination schedules do permit unvaccinated children to catch up if they start late. And lastly, we suggest that you document the parent’s refusal in the child’s medical record.

For the full version of the article above cited go to www.contemporarypediatrics.com/contped/article/articleDetail.jsp?id=139773

Resources for parents and physicians

What Every Parent Should Know About Vaccines

by Paul Offit, MD, and Louis Bell, MD

A wonderful short book that reviews specific vaccines and the diseases they prevent

Six Common Misconceptions and How To Respond To Them

by the Centers for Disease Control and Prevention

Targets the most common misconceptions in the antivaccine literature and offers sensible responses for both providers and families

Pocket Immunofacts by John Grabenstein

Details on how each vaccine is manufactured and contraindications

National Network for Immunization Information:

www.immunizationinfo.org

National Immunization Program,

Centers for Disease Control and Prevention:

www.cdc.gov/nip

Vaccine information and a link to MMWR

National Immunization Coalition: www.immunize.org/stories

Stories of families who have suffered from vaccine-preventable diseases

Houston-Harris County Immunization Registry

Mailing Address:

HHCIR

c/o 6621 Fannin Street, FC240

Houston, Texas 77030

Phone: (832) 824-2064

Fax: (832) 825-2103

Provider Recruitment: info@hhcir.org

East Side – Rebecca Richard (832) 824-2057

West side – Karen Sutliff (832) 824-2015

Help Desk: helpdesk@hhcir.org

Blair Edwards (832) 824-2073

Pre-vaccination screening

All patients should be screened before vaccine administration for any possible contraindications to vaccination (see the box below). In addition to obtaining a detailed patient history for any food allergies (egg or gelatin) or drug allergies (such as to neomycin, polymyxin B, streptomycin), it is important to screen all vaccine recipients for a history of vaccine reactions. Revaccination is contraindicated in any patient reporting prior anaphylaxis to a vaccine or vaccine component.

When to refrain from giving a vaccine and when to give it

- MMR vaccine may be routinely administered to an egg-allergic child, provided the child is observed for 90 minutes after injection in a facility equipped to treat anaphylaxis. Influenza virus vaccine is generally contraindicated in any child with a history of egg anaphylaxis.
- Vaccine administration may be contraindicated in a patient reporting antibiotic allergy. For example, a history of neomycin anaphylaxis is an absolute contraindication to administration of a neomycin-containing vaccine.
- Hepatitis B vaccination is contraindicated in a patient with yeast hypersensitivity.
- A prior hypotonic-hyporesponsive episode after vaccination with pertussis is a relative contraindication to pertussis revaccination (the physician must weight the benefit against the risk in determining whether to administer the vaccine).
- Transient generalized urticaria after vaccination is not a contraindication to further vaccination.
- Allergy to chicken, duck, or feathers, is not a contraindication to any routine pediatric vaccine.
- A local reaction after vaccination is generally not a contraindication to future vaccination.

Reminder/Recall: A Strategy That Works

For years, studies have shown that reminder/recall activities can increase a medical practice's childhood immunization rates. Joanna Briggs, R.N., immunization outreach specialist at the Wyoming Department of Health, brought the information home to physicians in her state through a Reminder/Recall Education Project. The project, which involved 22 pediatric practices participating in the Vaccines for Children (VFC) Program, demonstrated that reminder/recall activities do increase rates and that the amount of increase is directly related to the number and types of recall systems in place.

Briggs established baseline rates by performing a Clinic Assessment Software Application (CASA) review for each practice. Then the practices chose the reminder/recall activity they wanted to adopt and a second CASA assessment was conducted 12 months later.

Types of reminder/recall activities used included computer tracking, the use of tickler files, periodic chart reviews, phone calls to clients prior to appointments and scheduling appointments as the child leaves the office.

The study found that even one reminder/recall activity elevated the 4 DTaP, 3 Polio, and 1MMR (4:3:1) CASA rate by 10 percent. Of the 22 pediatric practices surveyed the mean rate for 4:3:1 rose from 80 percent to 95 percent.

The practice raised its childhood immunization rates for 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B (4:3:1:3:3) at 24 months of age from 65 percent to 87 percent in 11 months (an increase of 34 percent.)

Reminder/recall activities are inexpensive, easy to implement and proven to have a dramatic impact on the amount of protection afforded children against vaccine-preventable diseases.

Log on to www.houstontx.gov/health/Immunizations/index.html for a list of articles and scientific studies on reminder/recall and similar strategies.

Improving immunizations in children under age 4

The Houston Department of Health and Human Services' Immunization Bureau can help your practice implement the strategies listed below. The strategies will help increase coverage levels of public and private clinics. Call the Immunization Bureau at 713-794-9267.

1. **EDUCATE** your staff. There are free services available to help your staff on every level.
2. **ASSESS** the immunization status of every child on every visit.
3. **PARTICIPATE** in the Vaccines For Children (VFC) program, which allows you to obtain free vaccine for all children on Medicaid or who do not have health insurance coverage.

4. **START** a reminder system to let parents know when their children are due for shots.
5. **DETERMINE** the current level of immunization in your practice with a free assessment.
6. **IDENTIFY** barriers in your practice and take steps to remove them (hours, scheduling, requirements, invalid contraindications, etc).
7. **JOIN** with others in your community. Coalitions to improve immunizations are active at the state and local levels.



Coalition Seeks Volunteers

The Immunization Coalition of Greater Houston is seeking volunteers to help it raise awareness about immunizations in Houston and Harris County through education and health information.

The coalition's activities are:

- Promotion of immunization across the lifespan
- Work with agencies to increase access and education on immunization-related topics
- Support of community resources to breakdown barriers to obtaining immunizations
- Monitor and respond to legislation dealing with the immunization related issues
- Advocate and promote use of local and state immunization registries and
- Facilitation of immunization information to healthcare providers.

Those interested in volunteering can participate in the coalition's meetings. For additional information and dates or locations contact Willie Nelson at (713) 394-4400 or e-mail at willie_nelson@co.harris.tx.us.

New Vaccines

The Food and Drug Administration (FDA) recently licensed three new vaccines. They are Menactra™ (meningococcal vaccine), Boostrix™ (adolescent tetanus, diphtheria, and pertussis vaccine, 10-18 years of age) and Adacel™ (adolescent tetanus, diphtheria, and pertussis vaccine, 11-64 years of age).

The Advisory Committee on Immunization Practices (ACIP) approved Menactra for routine administration to specific groups. The Centers for Disease Control and Prevention (CDC) has published the full recommendations for the vaccine's usage and approved the vaccine for the Vaccines for Children (VFC) program. All VFC programs nationwide have been given an allocation cap of the number of doses of vaccine that can be ordered through December 31, 2005.

Boostrix has not yet been considered by the ACIP. Once reviewed, the CDC will have to publish the recommendations for the vaccine's usage and develop a VFC resolution should the ACIP decide to add the vaccine to the VFC.

ACIP is currently considering approval for Adacel.

Linking with IMMTrac

As of January 1, 2005 all providers that administer immunizations to children under 18 must report those immunizations to ImmTrac, the Texas immunization registry. The Houston Harris County Immunization Registry, HHCIR, is now reporting all its immunizations to ImmTrac. By reporting our providers' information, we are assisting them to fulfill their obligation to report. In the future, HHCIR users will be able to query the ImmTrac database to look up immunization records statewide.

CDC Hotline Number to Change

The Centers for Disease Control and Prevention (CDC) has implemented a new, integrated, hotline system, replacing the two immunization hotlines used on Vaccine Information Statements (VIS) and other materials. The new number is 800-CDC-INFO [232-4636] for both English and Spanish. If you refer the public to CDC on your website or in your materials, you will want to change references to the new number. All Vaccine Information Statements also changed. The old phone numbers will roll over for an undetermined amount of time so there is no need to get rid of VIS supplies or other printed materials already on hand. Existing VIS stocks may still be used and the Houston Department of Health and Human Services' Immunization Bureau will continue to ship the earlier versions until warehouse supplies are depleted. The new CDC hotline will be phased in as VIS and other materials are re-printed. Downloadable versions of VIS translations available on the Immunization Action Coalition website www.immunize.org will include the new phone. The two hotline numbers replaced are 800-232-2522 for English and 800-232-0233 for Spanish.

New Vaccine Requirements for Daycares



A law taking effect September 1 requires that children attending child-care facilities receive vaccinations against invasive pneumococcal and hepatitis A diseases.

The immunizations under HB 1316 include pneumococcal conjugate vaccine (PCV-7), pneumococcal polysaccharide vaccine (PPV-23) and hepatitis A vaccine.

Also, funding was approved to end the two-tiered vaccine eligibility system for the Texas Vaccines for Children Program (TVFC) for pneumococcal conjugate vaccine (PCV-7). The funding will ensure that underinsured children have access to the vaccine in every TVFC-enrolled clinic. The two changes to vaccine availability through the TVFC will become effective in September. Vaccine for the expansion will not be available until after September 1.

Immunization Bureau

Houston Department of Health and Human Services

Directory of Key Personnel

Main	(713) 794-9267
Risha L. Jones, R.N., Bureau Chief	(713) 794-9269
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Decrecia Robinson, Education & Outreach	(713) 794-9474
Maxwell Ene, Administration Manager	(713) 798-0813
Emma Johnson, R.N.,	
Provider Relations & Assessment	(713) 794-2967
Mary Jane Lowrey, Disease Surveillance	(713) 798-9624
Toni Wafeeg, R.N., Hepatitis B	(713) 798-0812
Violet Hudson, R.N., Service Delivery	(713) 794-9279
Darlene Robinson,	
Vaccines for Children (VFC)	(713) 558-3535

Learning Tips



The Internet offers a wide variety of training tools designed to improve immunization coverage in public and private practices. Take a look at what's out there and implement "mini in-services" for your clinical and support staff.

The National Vaccine Healthcare Center (VHC) has developed online courses and curricula focused on the improvement of the quality of immunization healthcare and vaccine adverse events reporting. The VHC Network is a collaboration between the Centers for Disease Control and Prevention (CDC) and the Department of Defense and is designed to improve vaccine safety, healthcare vaccine services and to increase provider knowledge and understanding of immunization requirements.

Visit: www.vhccpir.org/hsi/m_index.asp

Teaching Immunization Delivery and Education (TIDE) is intended to be a flexible tool to teach immunization delivery. It uses clinical scenarios to trigger problem solving and discussion among health providers offering immunization services.

There are four self-contained modules:

- Module A: Childhood Immunizations
- Module B: Assessing Immunization Rates
- Module C: Improving Immunization Rates in Your Practice
- Module D: Adolescent immunizations

For access to these modules log on to:
www2.edserv.musc.edu/tide/menu.lasso

You can also log on to:
www.houstontx.gov/health/Immunizations/provider.html
for up-to-date information on immunization resources and general information on immunization practice and delivery.



Houston Department of Health and Human Services



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